

1. <input type="checkbox"/> No <b>2004</b> Patient Services Surcharge Obligation	2. <input type="checkbox"/> No <b>2004</b> Covered Lives Assessment Obligation	3. <input type="checkbox"/> Covered Lives Report Submitted Separately by Fund or TPA
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MONTHLY PAYOR REPORT

NEW YORK STATE DEPARTMENT OF HEALTH  
2004 PUBLIC GOODS POOL  
REPORT OF PATIENT SERVICES PAYMENT AND SURCHARGE OBLIGATIONS

REPORT MONTH \_\_\_\_\_, \_\_\_\_\_

PAYOR NAME	_____	FEDERAL TAX ID #	_____
TPA NAME (if applicable)	_____	TPA FEDERAL TAX ID #	_____

WHOLE DOLLARS ONLY

DESCRIPTION A	INPATIENT HOSPITAL B	OUTPATIENT HOSPITAL (2) C	FREESTANDING AMBULATORY SURGERY D	COMPREHENSIVE PRIMARY HEALTH CARE CLINIC (2) E
1. <b>2004</b> Patient Services Payments Subject to the 6.47% surcharge				
a. Current Month				
b. Prior Period Adjustment				
c. Adjusted Patient Services Payments (Line 1a plus 1b)				
d. Surcharge Liability @ 6.47% (Line 1c x 6.47%)				
2. <b>2004</b> Patient Services Payments Subject to the 8.85% Surcharge				
a. Current Month				
b. Prior Period Adjustment				
c. Adjusted Patient Services Payments (Line 2a plus 2b)				
d. Surcharge Liability @ 8.85% (Line 2c x 8.85%)				
e. Co-Payment and Deductible Surcharge Payments @ 8.85% (1)				
3. Total (Line 1d plus 2d plus 2e)				

4. Total <b>2004</b> Surcharge Obligation on Patient Service Payments (Line 3, Columns B through E). Carry forward to the Payment and Reconciliation Summary.	
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- (1) Enter all surcharges the third-party payor is voluntarily remitting directly for patient co-payment and deductible payments. See instructions for additional details.
- (2) Note that payments to hospital based laboratories or laboratories housed in comprehensive primary health care clinics must be reported in Column C (Hospital Outpatient Services) or Column E (Comprehensive Primary Health Care Clinic), respectively.

2004